

2003
FORM
40
RESIDENTS
AND PART-YEAR
RESIDENTS
Alabama
Individual
Income
Tax Return

For the year Jan. 1 - Dec. 31, 2003, or other tax year beginning

, ending

Your first name and initial (if joint return, also give spouse's first name and initial)

Last name

Present home address (number and street or P. O. Box number)

City, town or post office, state, and ZIP code

Your social security number

Spouse's soc. sec. no. if joint return

FN (For official use only)

PLACE LABEL HERE

Filing Status
and
Exemptions

Check only one box.

- 1 ☐ \$1,500 Single
2 ☐ \$3,000 Married filing joint return (even if only one spouse had income)
3 ☐ \$1,500 Married filing separate return. Complete line 5 with spouse's name and soc. sec. no.
4 ☐ \$3,000 Head of family (with qualifying person). (See page 7 of instructions.) Complete line 5.

5 Name
Soc. Sec. No.
Relationship

Income
and
Adjustments

6 Wages, salaries, tips, etc. (list each employer and address separately):			A - Alabama tax withheld		B - Income	
a			6a	00	6a	00
b			6b	00	6b	00
c			6c	00	6c	00
d			6d	00	6d	00
7	Interest and dividend income (also attach Schedule B if over \$1,500)				7	00
8	Other income (from page 2, Part I, line 9)				8	00
9	Total income. Add amounts in the income column for line 6a through line 8				9	00
10	Total adjustments to income (from page 2, Part II, line 8)				10	00
11	Adjusted gross income. Subtract line 10 from line 9				11	00

Deductions

You Must Attach
page 2 of Federal
Form 1040, Federal
Form 1040A, page 1
of 1040EZ, or a copy
of your Telefile
Schedule if claiming a
deduction on line 13.

12	Check box a, if you itemize deductions, and enter amount from Schedule A, line 26. Check box b, if you do not itemize deductions, and enter standard deduction (see instr.)		Box a or b MUST be checked			
	<input type="checkbox"/> a Itemized Deductions	<input type="checkbox"/> b Standard Deduction	12	00		
13	Federal tax liability deduction (complete Part V, page 2)		13	00		
14	Personal exemption (from line 1, 2, 3, or 4)		14	00		
15	Dependent exemption (from page 2, Part III, line 2)		15	00		
16	Total deductions. Add lines 12, 13, 14, and 15		16			00

Tax

Staple Form(s)
W-2, W-2G,
and/or 1099
here.

17	Taxable income. Subtract line 16 from line 11		17			00
18	Income Tax due. Enter here and check if from <input type="checkbox"/> Tax Table or <input type="checkbox"/> Form NOL-85A		18			00
19	Less credits from: <input type="checkbox"/> Schedule CR and / or <input type="checkbox"/> Schedule OC and / or <input type="checkbox"/> Enterprise Zone Act (see instructions)		19			00
20a	Net tax due Alabama. Subtract line 19 from line 18		20a			00
b	Consumer Use Tax (use worksheet on page 11)		20b			00
21	You may make a voluntary contribution to any of the following: Alabama Election Campaign Fund or the Neighbors Helping Neighbors Fund.		21a			00
	a Alabama Democratic Party	<input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	21b			00
	b Alabama Republican Party	<input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	21c			00
	c Neighbors Helping Neighbors	\$	22			00
22	Total tax liability and voluntary contribution. Add lines 20a, 20b, 21a, 21b, and 21c		22			00

Payments

23	Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)		23			00
24	Amount paid with extension (attach Form 4868A)		24			00
25	2003 estimated tax payments (see instructions on page 11)		25			00
26	Total payments. Add lines 23 through 25		26			00

AMOUNT
YOU OWE

27	If line 22 is larger than line 26, subtract line 26 from line 22, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)		CN			00
28	Estimated tax penalty. Also include on line 27 (see instructions page 11)		28			00

OVERPAID

29	If line 26 is larger than line 22, subtract line 22 from line 26, and enter amount OVERPAID		29			00
30	Amount of line 29 to be applied to your 2004 estimated tax		30			00

Donation
Check-offs

31	You may donate all or part of your overpayment. (Enter \$1, \$5, \$10, \$25, none, or other amount in the appropriate boxes).					
a	Senior Services Trust Fund	00	f	AL Indian Children's Scholarship Fund	00	
b	AL Arts Development Fund	00	g	Penny Trust Fund	00	
c	AL Nongame Wildlife Fund	00	h	Foster Care Trust Fund	00	
d	Child Abuse Trust Fund	00	i	Mental Health	00	
e	AL Veterans Program	00	j	AL Breast & Cervical Cancer Program	00	
			k	AL 4-H Club	00	
32	Total. Add line 30 and lines 31a, b, c, d, e, f, g, h, i, j, and k		32			00

REFUND

33	REFUNDED TO YOU. Subtract line 32 from line 29. (CAUTION: You must sign this return on the reverse side.)		33			00
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PLEASE

- Verify your social security number
- Recheck your math
- Sign return on reverse side
- Attach W-2 form(s)

PART I**Other
Income**

(see page 13)

1	Alimony received	1	00
2	Business income or (loss) (attach Federal Schedule C or C-EZ)	2	00
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	00
4a	Total IRA distributions	4a	00
4b	Taxable amount (see instructions)	4b	00
5a	Total pensions and annuities	5a	00
5b	Taxable amount (see instructions)	5b	00
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	00
7	Farm income or (loss) (attach Federal Schedule F)	7	00
8	Other income (state nature and source — see instructions)	8	00
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 8	9	00

PART II**Adjustments
to Income**

(see page 16)

1a	Your IRA deduction	1a	00
b	Spouse's IRA deduction	1b	00
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	00
3	Penalty on early withdrawal of savings	3	00
4	Alimony paid. Recipient's last name _____ Social security no. _____ Address _____ City _____ State _____ ZIP _____	4	00
5	Adoption expenses	5	00
6	Moving Expenses (Attach Federal Form 3903) to City _____ State _____ ZIP _____	6	00
7	Self-employed health insurance deduction	7	00
8	Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10	8	00

PART III**Dependents**Do not include
yourself or
your spouse

(See page 9)

1a	Dependents: (1) First name _____ Last name _____ (2) Dependent's social security number _____ (3) Dependent's relationship to you _____ (4) Did you provide more than one-half dependent's support? <input type="checkbox"/>
b	Total number of dependents claimed above _____
2	Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.) Enter amount here and on page 1, line 15
2	00

PART IV**General
Information****All Taxpayers
Must Complete
This Section.**

1	Residency <input type="checkbox"/> Full Year <input type="checkbox"/> Part Year If you were a part-year resident of Alabama during 2003, indicate your period of residence: Check only one box From _____ 2003 through _____ 2003. Total months _____	
2	Did you file an Alabama income tax return for the year 2002? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	If no, state reason: _____	
4	Give name and address of present employer(s). Yours _____ Your Spouse's _____	
5	Enter the Federal Adjusted Gross Income \$ _____ and Federal Taxable Income \$ _____ as reported on your 2003 Federal Individual Income Tax Return.	
6	Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter source(s) and amount(s) below: (other than state income tax refund)	
Source	Amount	00
Source	Amount	00

PART V

1	Enter the Federal Income Liability as shown on your 2003 Federal return	1	00
2	Enter your 2003 Federal Advance Child Tax Credit	2	00
3	Subtract line 2 from line 1, enter here and on line 13, page 1, Form 40	3	00

**Sign
Here**Keep a copy
of this return
for your records.

☐ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Daytime telephone number ()	Your occupation
Spouse's signature (if joint return, BOTH must sign)	Date	Daytime telephone number ()	Spouse's occupation

**Paid
Preparer's
Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address	E.I. No.		
	ZIP Code		

If an addressed envelope came with your return, please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresses below.

**WHERE TO
FILE
FORM 40****If you are not making a payment, mail your return to:**

Alabama Department of Revenue
P. O. Box 154
Montgomery, AL 36135-0001

If you are making a payment, mail your return, Form 40V, and payment to:

Alabama Department of Revenue
P.O. Box 2401
Montgomery, AL 36140-0001

Mail **only** your 2003 Form 40 to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue, P. O. Box 327464, Montgomery, AL 36132-7464.